PAGE 10

Under the Pape	work Reduction Ac	<u>tof 1995 n</u>	o persons are required	U.S. i to respond to a co				h 08/30/2010. OMB 0861-0032 EPARTMENT OF COMMERCE a a valid OMB control number				
1	Effective or	•		Complete if Known								
FEE TRANSMITTAL					Application Number 10/56		0,548					
						January 30, 2006						
Į.	For F	09	First Name	d Inventor	Daniel Dreyer							
Applicant	rioima amali onth	See 37 CFR 1,27	Examiner I	Vame	Rademaker, Claire L.							
		566 3/ CFK 1,2/	Art Unit		1795							
TOTAL AMOU	NT OF PAYMEN	T (\$)	1,920.00	Attorney D	ocket No.	534P01	5					
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit A	Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields, Lemack&Frame, LLC											
For the a	For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)											
	Character and discretification of the control of th											
WARNING: Information and authorization on PTO-2038.												
FEE CALCUL		O-2030.			·							
		AND FX	AMINATION FEES									
		LING FE	ES SEA	ARCH FEES	EXAM	INATIO	N FEES					
Application	Type Fe		ill Entity ee (\$) Fee	Small Entir	ty	Small	Entity	Fees Paid (\$)				
Utility	33		65 540		<u>Fee</u> 220		£.(\$).	LARA LAIM (4)				
Design	22	^	10 106		140		.u . ′0					
Plant	22	-	10 330		170	•	υ :5	 ·				
Reissue	33	_ "	65 540		650	_	_					
Provisional	22	_	10		050		.5					
2. EXCESS C		•			V	,	-	Small Entity				
Fee Descripti	<u>on</u> over 20 (includ	lina Baia				E	ee (5)	Fee (\$)				
Each indepe	endent claim or	er 3 (inc	luding Reissues)				52 220	26 110				
	pendent claims					390	195					
Total Claims		<u>Claims</u>		ee Paid (\$)		<u>M</u>	ultiple De	pendent Claims				
	20 or HP = mber of total claims	paid for, the	oreater then 20.			Ē	ee (\$)	Fee Paid (\$)				
<u>Indep. Claims</u>	Extra	Claims	Fee (\$) F	99 Paid (\$)								
- 3 or HP = X = HP = highest number of independent dalms paid for, if greater than 3.												
3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer												
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x												
4. OTHER FEE(S)												
Other (e.g., lete filing surpheree), need to small entity discount)												
		Bo).K	L and Three month	EXTENSION fee				\$1920.00				
Signature Registration No. 22 570 Telephone son post and a												
					ttomey/Agent) 32,579			Telephone 508-898-1818				

This collection of information is required by 37 CFR 1.138. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Filing & Smnth Ext

534P015:

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25210	DATE: 10/26/09 & 3mnth Ext	AMOUNT OF PAYMENT	*****\$1,920.00	25210 00025210	1, 920 u 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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LEMACK & FRAME, LLC	ID: COMPATS Commissioner for Patents MEMO: 534P015	PREVIOUS PAY/CREDIT TOTAL STATE TOTAL TOTA	-	BankofAmerica. 5-13-110	Y AND XX / 108 Dollars 10/26/09	
		DATE AMOUNT PRE/C AMOUNT AMOUNT	Databer 26, 2009	LEMACK & FRAME, LLC ATTORNERS AT-LAW 176 E MAIN STREET PESTBORDUGH, MA 01581	NINE HUNDRED TWENTY	r Patents
		INVOIO DAY	general control of the control of th	NIELDS, LEMACK & FRAI ATTORNEYS-AT-LAW 176 E. MAIN STREET WESTROPPURGH, MA 01583	ONE THOUSAND NI	Commissioner for
NIELDS, LEMACK	Vendor Payee:	INVOICE			PAY	TO THE OADER OF

534P015

Date mailed: October 26, 2009

RECEIVED BY THE U.S. PATENT AND TRADEMARK OFFICE:

Transmittal Form (1-Page). Request For Continued Examination (RCE) Transmittal Form (1-Page).

Response (5-Pages)

Petition for Extension of Time (1-Page).

Fee Transmittal Form, together with a check in the amount of \$1920.00 in payment of the RCE filing fee and three mouth extension fee.

Applicant: Daniel Dreyer et al.

Filed: Jamary 30, 2006 Serial No.: 10/560,548

For: Separator Material For Forming A Separator For An Acid Accumulator